

The International Association for Identification Dakotas Division – North and South Dakota

Attendee Registration Form 2nd Annual Educational Conference June 1-2, 2004 Fargo, North Dakota

Last Name:	First Name:	
Agency/University:		
Name to Appear on Badge/Certificat	tes:	
Address:		
City:	State:	Zip:
Work Phone:	Home Phone:	
Fax:	**E-mail:	
Date Attending (Check one):	_ Tuesday, June 1 st	Wednesday, June 2 nd
**Please include an email address since n	nuch of our communication wi	th members is done this way.
Conference Registration Fee: \$25.00 for on the Dakotas Division. (The \$15 annual mewill be waived for attendees of the conference	embership fee to become a membership	per of the Dakotas Division IAI
REGISTRATION DEADLINE: M	Iay 1 st , 2004	
Method of Payment (please check one):	Check	_ Purchase Order
If paying by PO, please fax or mail a copy to check payable to "Dakotas Division of the I to:		
South Dakota State Foren C/O Kristin Walti – Secre Dakotas Division IAI 3500 E. Highway 34 Pierre, SD 57501 Fax #: 605-773-5658		

For further information, contact Kristin Walti, Secretary-Treasurer at kristin.walti@state.sd.us or (605) 773-3673.